

Name
in
Full

Stanislaus Clark

CERTIFICATE OF DEATH

Died at *Ridge* Town *St Marys* County **MARYLAND**

Date of death 1909 *Sept* Month *26* Day Age *74* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ridge*

Occupation *Farmer & Justice of Peace* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Martha Smith*

Father's Name *Don't know* Father's Birthplace *St Mary's Co. Md*

Mother's Maiden Name *Don't know* Mother's Birthplace *St Mary's Co. Md*

Name of person giving Information *Dembrook Smith* How related to deceased *Brother-in-law*

CAUSES OF DEATH

154

Primary *Senile Debility* How long *6 months*

Immediate *Exhaustion* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. Lloyd
Ridge Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

